

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

8

3 COMMITTEE NAME

PROTECT OUR CITIZENS

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2903 WILLIAMS GRANT
SUGAR LAND, TEXAS 77479

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST FORREST

MI G.

NICKNAME

LAST SPINDLE

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
AUG 3 - 2006

Date Hand Delivered or Date Postmarked

CITY SECRETARY

Receipt #

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2903 WILLIAMS GRANT
SUGAR LAND, TEXAS 77479

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2903 WILLIAMS GRANT
SUGAR LAND, TEXAS 77479

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(281) 565-4228

9 REPORT TYPE

☐ January 15
☐ July 15

☐ 30th day before election
☐ 8th day before election
☐ Runoff

☐ Exceeded \$500 limit
☐ Dissolution (attach PAC-DP)
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

7 / 1 / 06

THROUGH

Month Day Year

7 / 31 / 06

11 ELECTION

ELECTION DATE
Month Day Year

11 / 07 / 06

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

**12 COMMITTEE
NAME**

PROTECT OUR CITIZENS

ACCOUNT #
(Ethics Commission filers)

**13 COMMITTEE
PURPOSE**

 (Attach lists on plain
paper to complete this
report if necessary.)

SEE ATTACHED

☒ **SUPPORT**
(Candidate or Measure)

☐ **OPPOSE**
(Candidate or Measure)

☐ **ASSIST**
(Officeholder)

☐ **CANDIDATE**
☐ **OFFICEHOLDER**
☐ **MEASURE**
CANDIDATE / OFFICEHOLDER NAME
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
BALLOT IDENTIFICATION / #
ELECTION DATE
Month Day Year

11/07/06

DESCRIPTION
**14 CONTRIBUTION
TOTALS**
**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 280.00

**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 17,730.00

**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,000.00

**CONTRIBUTION
BALANCE**
**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD**

\$ 7,590.00

**OUTSTANDING
LOAN TOTALS**
**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$ 9,000.00

15 AFFIDAVIT


DANNY L. HUYNH
Notary Public, State of Texas
My Comm. Expires 05/19/2010

I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Forrest G. Spindle
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SPINDLE, FORREST, this the 03 day
of 08, 20 06, to certify which, witness my hand and seal of office.

Danny L. Huynh
Signature of officer administering oath

DANNY HUYNH
Printed name of officer administering oath

PERSONAL BANKER
Title of officer administering oath

PROTECT OUR CITIZENS

COMMITTEE PURPOSE

To support a Houston City Charter Amendment giving the citizens the right to vote November 7, 2006 to end the "Sanctuary Policy" which forbids Houston Police officers from asking individuals for proof of their legal immigration status.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

5

2 FILER NAME

PROTECT OUR CITIZENS

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/26/06

5 Full name of contributor

☐ out-of-state PAC (ID#)

JOE RAY BLALACK

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6/29/06

Full name of contributor

☐ out-of-state PAC (ID#)

THE HEIMER REVOCABLE LIVING TRUST

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/30/06

Full name of contributor

☐ out-of-state PAC (ID#)

H. ROBERT KIDDER

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/1/06

Full name of contributor

☐ out-of-state PAC (ID#)

IRV WILLARD

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/3/06

Full name of contributor

☐ out-of-state PAC (ID#)

WOODY R. DENSEN

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME

PROTECT OUR CITIZENS

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/3/06

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARGIE H. SYER

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

5.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/4/06

Full name of contributor

☐ out-of-state PAC (ID#)

HARV C. HOLCOMB

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/5/05

Full name of contributor

☐ out-of-state PAC (ID#)

T.L. FORD

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

5.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/06/06

Full name of contributor

☐ out-of-state PAC (ID#)

HARDIN R. DUNHAM

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

5.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/7/06

Full name of contributor

☐ out-of-state PAC (ID#)

RANDY R. PRICE

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME

PROTECT OUR CITIZENS

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/10/06

5 Full name of contributor

☐ out-of-state PAC (ID#:

G. GEE

6 Contributor address: City: State: Zip Code

[REDACTED]

7 Amount of contribution (\$)

5.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/12/06

Full name of contributor

☐ out-of-state PAC (ID#:

CHAPMAN FAMILY LIVING TRUST

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/15/06

Full name of contributor

☐ out-of-state PAC (ID#:

CHERYL C. CLARK

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/15/06

Full name of contributor

☐ out-of-state PAC (ID#:

KENNETH A. WAIT

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/15/06

Full name of contributor

☐ out-of-state PAC (ID#:

JUNE MEIER

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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2 FILER NAME

PROTECT OUR CITIZENS

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/21/06

5 Full name of contributor

☐ out-of-state PAC (ID#)

DAVID M. WILLIAMS

6 Contributor address; City; State; Zip Code

[REDACTED]
[REDACTED]

7 Amount of contribution (\$)

5,000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/21/06

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID B. WILSON

Contributor address; City; State; Zip Code

[REDACTED]
[REDACTED]

Amount of contribution (\$)

2,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/20/06

Full name of contributor

☐ out-of-state PAC (ID#)

SHELLEY SEKULA-GIBBS

Contributor address; City; State; Zip Code

[REDACTED]
[REDACTED]

Amount of contribution (\$)

2,500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/24/06

Full name of contributor

☐ out-of-state PAC (ID#)

NITA CASSIDY

Contributor address; City; State; Zip Code

[REDACTED]
[REDACTED]

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/24/06

Full name of contributor

☐ out-of-state PAC (ID#)

LEE COOK

Contributor address; City; State; Zip Code

[REDACTED]
[REDACTED]

Amount of contribution (\$)

5,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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SCHEDULE A

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2 FILER NAME

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3 ACCOUNT # (Ethics Commission filers)

4 Date

7/15/06

5 Full name of contributor ☐ out-of-state PAC (ID#:

JS HOTZE

6 Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7/20/06

Full name of contributor ☐ out-of-state PAC (ID#:

CAROLYN J. LEAHY

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/06

Full name of contributor ☐ out-of-state PAC (ID#:

GRADY L. HALLMAN

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/26/06

Full name of contributor ☐ out-of-state PAC (ID#:

PERRIN W. WHITE

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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